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FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner Torres, Juan A.

Firm: U.S. Patent and Trademark Office
Art Unit 2631

Facsimile: (571) 273-8300

From: Thomas F. Presson

Date: July 19, 2005

Re: FLH Ref No.: 450100-03246
Serial No: 09/870,036

Number of Pages: 12
(including cover page)

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00297665

PATENT
450100-03246

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Ken Tamayama et al.
 Serial No. : 09/870,036
 Filed : May 30, 2001
 For : RECEIVING APPARATUS AND POWER CONTROL METHOD
 Examiner : Torres, Juan A.
 Art Unit : 2631

745 Fifth Avenue
 New York, NY 10151
 Tel: 212-588-0800

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- No additional fee is required.
 The fee has been calculated as shown below.
 This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	10	Minus	** =20	* 0 x	\$50 (25)	= \$ 0
Independent claims	2	Minus	*** =3	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
- *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.
- This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid , or is paid herewith .
- This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- A check in the amount of \$_____ is attached, which covers the cost of additional claims _____ petition for extension of time.
- Charge \$_____ to Deposit Account No. 50-0320.
- Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted via facsimile to (571) 273-8300 on July 19, 2005.

 Dr Andre Breclant
 (Name of Applicant, Assignee or Registered Representative)

 Signature

 July 19, 2005
 Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
 Attorneys for Applicants

By:

Thomas F. Presson
 Thomas F. Presson
 Reg. No. 41,442
 Tel: 212-588-0800

PATENT
450100-03246IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Ken Tamayama et al.
 Serial No. : 09/870,036
 For : RECEIVING APPARATUS AND POWER CONTROL
 METHOD
 Filed : May 30, 2001
 Examiner : Torres, Juan A.
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 Confirmation No. : 6745

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 DeAndrae Barrand
 (Name of person signing transmission)
D. Barrand
 Signature
 July 19, 2005
 Date of Signature

AMENDMENT UNDER 37 C.F.R. §1.121

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

In response to the Non-Final Office Action mailed April 19, 2005, having a three-month statutory period for response set to expire on July 19, 2005, please amend the above-captioned application as follows.

PATENT
450100-03246

Amendments to the Specification begin on page 3 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 4 of this paper.

Remarks/Arguments begin on page 8 of this paper.